1403115387

STATEMENT OF

RECEIVED

FORM 1	ORGANIZATION	2014 JAN 17 AM 11: 56	
NAME OF. COMMITTEE (in full)	(Check if name Example:If typing, type is changed) over the lines.	OMEQUANDIN CENTER 12FE4M5	
Friends	of Davie Brati	<u> </u>	
ADDRESS (number and street	et) P. O. BOX 5094	[1.0.1.301x 50194 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(Check if addres is changed)	s		
	Glen Allen	J VAJ 23,0,58,-15,0,9,4 STATE ▲ ZIP CODE ▲	
COMMITTEE'S E-MAIL AD	DDRESS		
(Check if address is changed) Linfoldauebratiforcongr		ngress, com	
	Optional Second E-Mail Address	brat.com	
COMMITTEE'S WEB PAGE (Check if addres is changed)	•	MGFICISISI- COM.	
2. DATE 0 1	04 2014		
3. FEC IDENTIFICATION NUMBER VC Comparison of the confidence of			
4. IS THIS STATEMENT	NEW (N) OR AMENDED (A)	
I certify that I have examin	ned this Statement and to the best of my knowledge and believed	ef it is true, correct and complete.	
Type or Print Name of Trea	asurer Steven D'Ambrosi	a	
Signature of Treasurer	Shu	Date 01 05 201 4	
NOTE: Submission of false, of	erroneous, or incomplete information may subject the person signi ANY CHANGE IN INFORMATION SHOULD BE REPORTE		
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